



Interoffice Memo

DATE:

PHONE:

FROM: **AUTHOR'S NAME**, Author's Title
Author's Department

TO: **RECIPIENT NAME(S)**, Recipient Title(s)
Recipient's Department(s)

NOTE: Generally the employee should have already been verbally counseled and issued written documentation before receiving a Memo of Concern.

SUBJECT: **MEMO OF CONCERN**

The purpose of this memo is to summarize the Department's continued concerns with [INSERT TOPIC]

- Reiterate the importance of the policy/procedure, conduct or behavior that is causing concern, or how the employee continued to fail to adequately carry out a directive, assignment or instruction.
- Reiterate the impact of not following the policy/procedure. Example: "Failure to operate a County vehicle in accordance with policy may result in damage to County equipment".
- Indicate when this instruction/expectation was previously discussed or had been previously trained or counseled. Indicate dates/times of prior verbal counseling and date written documentation was issued to the employee.
- Provide a clear directive to the employee. Example: "You were previously instructed to operate a County vehicle in safe and responsible manner in accordance with all applicable laws."
- Provide consequences an employee may face if he/she fails to follow the directive. Example: "Failure to follow these directives will result in disciplinary action, up to and including dismissal."

I acknowledge receipt of this Memo and understand that a copy will be placed in my personnel file.

Employee

Date

cc: Department Contacts (e.g. Mary Doe, Administrative Manager)
Human Resources Officer (if appropriate)
Department File (if appropriate)
Official Personnel File (if appropriate)